

ST. AMBROSE CHURCH

PARISH NURSE MINISTRY QUESTIONNAIRE

St. Ambrose is now offering a Parish Nurse Ministry. The Parish Nurse integrates health and faith by acting as a health-faith educator and counsellor, a resource and referral person and a coordinator of volunteers and support groups within the lay ministry of our church community.

We are requesting your input with regards to your own health/healing/faith needs, those you see in our church and ways in which the Parish Nurse might respond to these needs.

We would appreciate if you can sign your name and phone number at the completion of the questionnaire. The information you share will be kept in the strictest confidence by the health ministry of this church. This is optional.

Please check the appropriate answer:

Age: ___ 13-18 yrs; ___ 19-25yrs; ___ 26-35 yrs; ___ 36-50yrs

Sex: ___ Female ___ Male

Marital Status: ___ Single; ___ Married; ___ Divorced; ___ Widowed; ___ Separated

Employment Status: Employed ___ Yes; ___ No

If yes: Are you employed ___ Full-time; ___ Part-time; ___ Retired;

___ Planning retirement within 5 years

How do you rate your health? ___ Excellent; ___ Good; ___ Fair; ___ Poor;

Do you engage in regular exercise? ___ Yes ___ No

If yes, please explain

Health Status: Please check if you have or have had any of the following. Place a "C" by any current conditions and a "P" by any past conditions.

___ Heart Disease

___ Arthritis

___ Lung Disease

___ Osteoporosis

___ Cancer

___ Depression

___ High Blood Pressure

___ Mental Illness

___ Stroke

___ Drug or Alcohol Addiction

___ Diabetes

___ Other _____

What is the major health concern(s) of your or any member of your family? (This includes physical, emotional and spiritual)

Please review the following potential programs and check any that may be of interest to you or your family. These may be offered in the form of presentations, small discussion groups, or be included during individual counselling.

Physical Health Programs:

- Healthy Heart Program*
- Understanding Your Blood Pressure*
- Wellness for Youth*
- Living with PMS*
- Cancer treatment*
- Coping with Alzheimer's Disease*
- Arthritis/Osteoporosis Support Groups*
- Talking to Your Doctor*
- Weight Control/Healthy Eating*
- Physical Fitness*
- CPR*

Emotional Health Programs:

- Mental Health and Depression*
- Conflict Management*
- Life Crisis and Transitions (graduation, divorce, menopause)*
- Dealing with Loneliness*
- Stress Management*
- Humour and Health*
- Building Healthy Relationships*

Family Health Programs:

- Parenting/Parenting Preparation*
- Coping as a Single Parent*
- Mid-Life Challenges and Transitions*
- Healthy Aging*
- Caring for Aging Parents*
- Caring for Caregivers (Parents/Spouses etc)*
- Advanced Directives (i.e. Power of Attorney, Living Will)*

Spiritual Health Programs:

- Prayer and Meditation*
- Gifts of the Spirit Workshop*
- Dying, Death, Grief and Loss*
- Spiritual Discipleship (Lay Pastoral Ministry)*

Other program ideas:

If you have had experience in any health topic and would be willing to teach or share your experience, please put your name and telephone number below and include the topic with which you are familiar.

Would you be interested in being a volunteer to assist others with their needs? (Example: helping out with child care, meals, transportation to physician's office, etc.)

Perhaps you have dealt with a difficult life event (Example: a serious chronic illness or personal experience of loss/grief and found that your faith tradition and community provided resources that were helpful/not helpful for dealing with such encounters) and would be willing to visit others who are experiencing a similar event. Please comment briefly on your interest and need.

Do you have any additional suggestions, comments or questions you would like to make?

OPTIONAL:

Your name: _____

Phone: _____

Date: _____

THANK YOU FOR PARTICIPATING ☺